109000006539

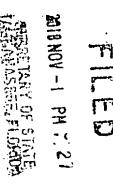
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800320305488

11/01/18--01004--021 **25.00



Y SULKER NOV 1 6 2018

COVER LETTER

	Registration Se Division of Cor			•		
SUBJEC	St. Petersbu	irg Pediatries Daycare Center, l	LC			
SUBJEC	·!;	Name of Limi	ted Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		Mariano Cibran				
			Name of Person			
			Firm/Company			
		P.O Box 20751				
		Saint Petersburg, FL 33742	Address			
		mcibran@gmail.com	City/State and Zip Code	ication)	A B	
For furth	er information c	oncerning this matter, please ca		icanon)	NOV BICK	The state of the s
Mariano	Cibran		813 205-8841		∰ {-<	1
	Name o	f Person	at () Area Code Daytime	: Telephone Number	PH 7.27	
Enclosed	l is a check for th	ne following amount:			•	
= \$2 5.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

St. Petersburg Pediatries Daycare Cente	er, LLC
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	lity Company were filed on 01/20/2009 and assigned
Florida document number L09000006539	
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of th	e limited liability company here:
Magnolia Dayschool, LLC	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:
(Principal office address MUST BE A STREET)	(DDRFSS)
Enter new mailing address, if applicable:	
	- B
(Mailing address MAY BE A POST OFFICE BO	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the ne
registered agent and or the new registered office	e address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
-	City Zin Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			
			□ Remove
			☐ Change
	· .		Add
			□ Remove
			Add
			□ Remove
			Hange NOV
			SSS □!Add •—•
			To Remo
			Change
			Remove
			Change
			Add
			□ Remove
			☐ Change

·	
	and a
	NO TO
	7.72 n-<
	<u>ြွေး</u> ယူ ပြာ
ective date, if other than the date of filing:	(optional)
e: If the date inserted in this block does not meet the applicable statut	tory tilling requirements, this date will not be listed a
ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effe he 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier
ed	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00